

# Medicare Prescription Drug Coverage Comparison Guide

Beginning January 1, 2006, you will get your medication coverage through a Medicare Prescription Drug plan. Each Medicare Prescription Drug plan has a list of drugs it covers, often called a ***formulary***. Having a list of the drugs you take will help you figure out which plans meet your needs. **Ask your pharmacist to write down the information for all the prescription drugs you take now, including the FULL cost of your prescriptions without any insurance payment.** Compare the list of prescription drugs you need to the list covered by each Medicare Prescription Drug Plan to choose a plan that meets your needs.

Your Name \_\_\_\_\_ Your Medicare Claim # \_\_\_\_\_  
 Your Dare of Birth \_\_\_\_\_ What pharmacy do you use now? \_\_\_\_\_

Prescription	Is Substitute Available or Acceptable?	Substitute	FULL Monthly Cost	Prescription Covered By			
				Plan 1 (co-pay \$)	Plan 2 (co-pay \$)	Plan 3 (co-pay \$)	Plan 4 (co-pay \$)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$